

520.43191X00

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s):

T. OHISHI, et al

Serial No.:

10/682,024

Filed:

October 10, 2003

For:

FLAT PANEL DISPLAY DEVICE

Group:

2879

Examiner:

INFORMATION DISCLOSURE STATEMENT UNDER 37 CFR 1.97 & 1.98

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

October 14, 2004

Sir:

In the matter of the above-identified application, applicant(s) is/are submitting herewith a copy of a communication from a foreign patent office in a counterpart foreign application and copies of the documents listed in the attached form equivalent to Form PTO-1449 for the Examiner's consideration.

This information disclosure statement is being submitted before the mailing date of a first office action on the merits.

Each of the documents listed on the attached form equivalent to Form PTO-1449 is in the English language.

It is respectfully requested that this information disclosure statement be considered by the Examiner.

Please charge any shortage in the fees due in connection with the filing of this paper, including extension of time fees, to Deposit Account No. 01-2135 (520.43191X00) and please credit any excess fees to such deposit account.

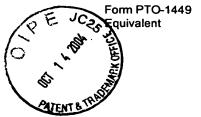
Respectfully submitted,

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U.S. Department of Commerce Patent and Trademark Office

Atty. Docket No. 520.43191X00 Serial No. 10/682,024 Applicant: OHISHI, et al Filing Date: October 10, 2003

Group: 2879

Examiner nitials	Document No.	Date	Name	Class Subclass	Filing Date If Approp.
2002	3,855,499 5,153,483 2/0003399 A1	12/74 10/92 1/02	Yamada et al Kishino et al Uemura et al		
		F	Foreign Patent Do	ocuments	
D	ment Date	Countr		Class Subclass	Translation

Other Documents (including Author, Title, Date, Pertinent Pages, etc.)

Examiner

Date Considered

^{*}Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.